



**AFFIDAVIT to Transfer Property Held by BALL STATE UNIVERSITY  
Where No Estate Administration**

Property in decedent's name only gross probate estate does not exceed \$25,000.00

\_\_\_\_\_ (Name of Affiant or Affiants), being first dually sworn upon oath state(s) as follows:

1. For the purposes of this affidavit a reference to the singular affiant shall also refer to all affiants.
2. Pursuant to the provisions of IC 29-1-8-1 the affiant requests Ball State University to turn over the property of \_\_\_\_\_ hereinafter referred to as decedent to:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
  - c. Age if less than 18: \_\_\_\_\_
3. Property of decedent believed held by Ball State University is for payroll wages.
4. Decedent died, a resident of \_\_\_\_\_ County \_\_\_\_\_ state on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, and, at the time of death resided at \_\_\_\_\_.
5. A copy of decedent's death certificate is attached hereto.
6. There has been no application or petition for the appointment of personal representative and no personal representative has been appointed by jurisdiction.
7. The name and address of the surviving spouse if any is as follows:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_
8. The decedent, at the time of death, left surviving only the following heirs:
  - a. Father: \_\_\_\_\_
  - b. Mother: \_\_\_\_\_
  - c. Children: \_\_\_\_\_

9. Affiant states that affiant is the person responsible for handling the decedent's affairs because of the following:

\_\_\_\_\_

10. Affiant hereby indemnifies and agrees to hold harmless Ball State University for any claims made upon said University as a result of said University releasing property as requested by affiant in this Affidavit.

11. All the facts set forth hereinabove are true as the affiant is informed and verily believes.

12. The value of the gross probate estate of decedent, wherever located, less liens and encumbrances, does not exceed \$25,000.00.

13. Forty-five (45) days have elapsed since the death of the decedent.

14. The affiant understands that they will receive a Form 1099 Miscellaneous Income.

Affiant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Affiant's Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

State of \_\_\_\_\_)

County of \_\_\_\_\_) SS:

Subscribed and sworn to before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_